श्री लालू प्रसाद: बड़े काबिल बने हो । ...(**व्यवधान**)...

श्री सभापति: लालू जी बैठिए । श्रीमती बिम्बा रायकर...(**व्यधान**).

लालू प्रसाद: सारी पोल खोलकर रख दूंगा । ...(**व्यवधान**)...

श्री रवि शंकर प्रसाद : इस तरह की बात आप करेंगे तों... (**व्यवधान**)...

श्री सभापति : ठीक है, अब हो गया । ...(**व्यवधान**)...

[x] SHRIMATI BIMBA RAIKAR : Sir, now they are having programme production centres only in Bangalore and Gulbarga. I would like to know from the hon. Minister whether he would consider setting up of programme production centres at Mangalore and Dharwad because there are different cultures and different languages.

MR. CHAIRMAN : You put your question. Let him reply.

SHRI RAVI SHANKAR PRASAD: Sir, as far as this specific query regarding Mangalore and Dharwad is concerned, I will get the matter examined.

MR CHAIRMAN : Next question, Q. No. 603.

SHRIMATI BIMBA RAIKAR: Sir, I have put only part of my question.

MR. CHAIRMAN: Next question, Q. No. 603.

* 603 [The questioner (Shri Ekanath K. Thakpur) was absent, for answer *vide* page infra 35-36.]

Health care cost

*604. SHRI SURESH PACHOURI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a.) whether the escalating health care cost is causing indebtedness among rural poor;

(b) if so, the magnitude of increase in the health care cost during the last decade, and

(c) how Government propose to ensure that the poorer segments of the population are able to access health services required by them at reasonable cost?

THE MINISTEROF STATE INTHE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) A Statement is laid on the Table of the House.

Statement

(a) Different studfes and surveys indicate that escalating health care costs is one of the reasons for indebtedness, especially among the rural poor.

(b) Data on unit cost of treatment per episode in hospitals/outpatient clinices, particularly in the private sector is not available. Hence, the cost comparisons are based on expenditure (out-of-pocket spending category) indicated by households surveyed by NSSO. The average total expenditure for inpatient-outpatient treatment/episode during the period 1986-87 and 1995-96 is as under:

	1986-87		1995-96	
	Rural	Urban	Rural	Urban
For outpatient treatment/episode	76	79	176	194
For inpatient treatment/episode	886	1007	3202	3921

(c) The main objective of the Government's health policy is to achieve an acceptable standared of good health amongst the general population of the country by adopting the approach of increasing access to the decentralized public health system, by establishing new infrastructure in deficient areas and by upgrading the infrastructure in the existing institutions. Overriding importance would be given to ensuring a more equitable access to health services across the social and geographical expanse of the country. Health being a State subject, State Governments are primarily, responsible for providing health facilities to the people. Each State Government seeks to achieve better health care for its people through a variety of measures including, the implementation of several National health programmes, establishment of a comprehensive network of rural health infrastructure, renovation and modernization of health infrastruture and augmentation of medical manpower, particularly in rural areas.

Free health care services are provided to the poor. Medicines are generally provided free of cost to the in-patients in the Government hospitals and under various health programmes, which are under implementation for control of majontiseases^ike Malaria, TB, Blindness, Leprosy and AIDS. In order to ensure availability of drugs at reasonable prices, the Government has been promulgating the Drugs (Price Contral) Order under the Essential Commoditinos Act, 1955, from time to time.

Under Pradhan Mantri Gramodaya Yojana, Additional Central Assistance is provided to States /UTs, to further the goal of primary health care, through strengthening and improving the functional status of the primary health care institutions.

To enable easy access of our less advantaged citizens to good health services, and to offer health protection, of some choice, the public sector general insurance companies have also been encouraged to design a community based universal health insurance scheme.

The National Health Policy, 2002, envisages increasing public health investment to 2% of GDP by the year 2010 from the existing level of 0.9%. Therein, it is also proposed that State Governments would increase their expenditure on health sector to 7% of their total budget by 2005 and to 8% of the budget by 2010. The Central Government contribution would rise from the existing level of 15% to 25% of the total public health spending by 2010. The Government is making all out efforts to increase expenditure on health as per policy, subject to the overall financial constraints.

श्री सुरेश पचौरी : आदरणीय सभापति, जहां तक स्वास्थ्य सेवाओं का प्रश्न है, जो ऐक्सपेंसिज़ स्वास्थ्य सुविधा के क्षेत्र में होते हैं, अगर देखा जाए तो उनमें प्राइवेट सैक्टर का पार्टीसिपेशन 78 प्रतिशत होता है और गवर्नमेंट सैक्टर का पार्टीसिपेशन लगभग 22 प्रतिशत रहता है जबकि अन्य देशों पर अगर हम दृष्टि डालें तो अमेरिका में हैल्थ सैक्टर में 44 प्रतिशत गवर्नमेंट पार्टीसिपेशन है, यूरोपियन कंट्रीज़ में 80 प्रतिशत है और जापान जैसे जो देश हैं, उनमें लगभग 95 प्रतिशत गवर्नमेंट पार्टीसिपेशन है । हिन्दुस्तान की जहां तक बात है, पिछला बजट जब प्रस्तुत किया गया था तो ऐसा लग रहा था कि वह जनरल बजट न प्रस्तुत होकर हैल्थ बजट है । लेकिन इसमें स्वास्थ्य नीति, 2002 के अनुसार जो बताया गया है, स्वास्थ्य निवेश को जी. डी.पी. के अंतर्गत जा 0.9 परसेंट से बढाकर 2 प्रतिशत तक करने की योजना है, मैं यह कहना चाहूगा कि जिन फिगर्स का मैंने उदाहरण दिया है, जब हम अन्य देशों की उन फिगर्स पर नज़र दौड़ाते हैं तो क्या इस बात को दृष्टिगत रखते हुए यह प्रतिशत बढाने का सरकार का कोई विचार हैं? यदि है तो क्या जो रूरल एरियाज़ हैं, उनमें गवर्नमेंट का पार्टिसिपेशन एक्सपेंडिचर के मामले में ज्यादा से ज्यादा हो, इस दिशा में सरकार कोई विचार कर रही है ताकि रूरल एरियाज़ में ज्यादा से ज्यादा लोगों को स्वास्थ्य सुविधा उपलब्ध हो सके ?

SHRI A. RAJA: Sir, as rightly pointed out by the Hon. Member, I can say that in terms of GDP, the nation spends 5.2 per cent of the GDP, both by the private sector and the public sector together. Out of that, yes, it is admitted that 0.9 per cent of GDP is being spent by the Government. As pointed out by the Hon. Member, the Hon. Prime Minister declared the National Health Policy, 2002 in which a promise had been made that by 2010, this figure of 0.9 per cent will be enhanced to 2 per cent. Sir, as a matter of fact, though it is low, but when it is compared with the other developing countries, that too, specially, with SAARC

countries; Afghanistan, Bangladesh and even China, this 5.2 per cent cannot be termed as a negligible one. When I am admitting before the House that the health expenditure—whether it is in terms of GDP or whether it is in terms of both Central and State allocations—should be enhanced, as had been promised by the Hon. Prime Minister through the National Health Policy, but, when it is compared with the other developing countries, India's contribution cannot be billed as negligent.

Apart from that, we are having cooperation with the State Governments and all the State Governments have already been asked to enhance their State public health expenditure. Now, the amount spent altogether by the Central Government and the State Governments is only 15 per cent of the public health expenditure. Our commitment is that, by 2010, this 15 per cent of the public health expenditure, which is borne by both the Central Government and the State Governments, should be enhanced upto 25 per cent. So, by 2010, according to our vision, the 5.2 per cent of the GDP will be doubled; and the States and the Central Governments expenditure will be doubled. In such a case, we do hope that the health expenditure will reach all the sections of the people, especially common people.

श्री सुरेश पचौरी : आदरणीय सभापति, महोदय, या तो मंत्री जी समझ नहीं पाए हैं या माननीय मंत्री जी उत्तर देने से कतरा रहे हैं । उन्होने वही फिगर्स quote किए हैं जो मैंने बताए हैं । प्रश्न इस बात का था कि जन स्वास्थ्य निवेश का सकल घरेलू उत्पादन में जो मौजूद परसेंटेज 0.9 है, उसे बढ़ाकर सन् 2010 में 2 परसेंट करने का स्वास्थ्य नीति के हिसाब से आपने जो प्रावधान रखा है, क्या आप उससे सैटिस्फाइड हैं या उसे और बढ़ा पाएंगे ? लेकिन उससे हटकर मैं दूसरा सप्लीमेंटरी पूछता हूं जिसका उत्तर ये नहीं दे पाए हैं । माननीय मंत्री जी ने अपने उत्तर में पृष्ठ 2 में बताया है औषधियों के उचित मूल्य पर उपलब्धता हेतु यह सरकार कटिबद्ध है । मैं यह कहना चाहता हूं कि अभी 12.5 परसेंट वैट की वजह से ड्रग्ज़ के प्राइसेज़ लगभग 6 प्रतिशत बढ़ने की संभावना है । क्या सरकार इस बारे में विचार कर रही है कि जो फार्मास्युटिकल कंपनीज़ का सुझाव हैं, उसके हिसाब से जब एक तरफ औषधियां उचित मूल्य पर मिलें, सही कीमत पर और कम दाम पर, खास तौर से ग्रामवासियों को मिलें, तो यह वैट जा 12.5 परसेंट बढ़ा है, उसकी वजह से जो कीमत लगभग 6 प्रतिशत बढ़ने की संभावना है,क्या वह कम हो, इसके लिए सरकार कोई पहल कर रही है,कोई कदम उठाने जा रही हैं या कोई प्रस्ताव पेश करने जा रही है ?

स्वास्थ्य और परिवार कल्याण मंत्री (**श्रीमती सुषमा स्वराज**) : सभापति महोदय, मैं माननीय सांसद के दोनों प्रश्नों का ही उत्तर दे देती हूं । उन्होंने कहा कि 0.9 फीसदी से जी. डी. पी.

2 परसेंट हो जाएगा, तो क्या वे सैटिस्फाइड हैं ? मुझे लगता है कि हेल्थ सेक्टर में जितना करने की ज़रूरत है, उसमें सैटिस्फाइड तो हम शायद कभी नहीं होंगे और वैसे भी मैं यह मानती हूं कि असंतोष प्रगति के मूल में होता है । अगर करने वाले संतुष्ट हो जाएं तो उसकी प्रगति रुक जाती है ।इसलिए हम सबको असंतुष्ट ही रहना चाहिए प्रगति के मामले में । लेकिन 0.9 से जब 2 फीसदी हो जाएगा तो निश्चित तौर पर वह प्रतिशत को आज आपने 22 फीसदी कहा है । और दूसरी बात जो मेरे सहयोगी राज्य मंत्री ने आपको बताई थी ओर यह केवल अपने बजट की ही बात नहीं, क्योंकि रूरल हेल्थ स्टटे सब्जैक्ट है, इसलिए हमने उनको भी यह कहा है कि वर्ष 2005 तक वे अपने बजट का 7 फीसदी और 2010 तक वे अपने बजट का 10 फीसदी खर्च करें । इसका मतलब है कुल पूंजी निवेश सरकारी क्षेत्र में केन्द्र सरकार के द्वारा और राज्य सरकारों के द्वारा मिल करके काफी ज्यादा आगे बढ़ेगा, यह एक आंकलन है । तीसरी जो उन्होंने वैट के बारे में औषधियों की बात की है तो यह निश्चित तौर पर बात है कि अगर उस पर लागू होता है तो उनकी कीमत बढ़ने की संभावना है । हमारे पास विभिन्न औषधि निर्माता संघों से रिप्रेजेंटेशन आए हैं ओर हमने अपनी अनुशंसा के साथ उसको वित्त मंत्रालय को भेजा है कि वह इस पर सहानुभूतिपूर्वक विचार करके संवेदना से इस पर निर्णय ले ।

SHRIMATI S. G. INDIRA: Sir, it has been stated in the reply—although health is State subject—under the Pradhan Mantri Gramodya Yojana, additional Central assistance is provided to States and Union Territories. Will the Central Government come forward to provide more allocation to States especially for developing infrastructure which is very much essential so for as maternity wards and post-operative wards are concerned, which are quite deficient in providing health care to women in all the States? Sir, almost all the State Governments are feeing financial crisis.

SHRI A. RAJA : So far as maternity wards and maternity health are concerned, there are 1,37,000 Sub-Centres through out the country. Maternity health is being looked after through these Sub-Centres. As a matter of fact, 1,37,000 sub-Centres are exclusively funded by the Government of India. Apart from that, some of the States are getting assistance from the World Bank to promote infrastructure like construction of PHCs, Sub-Centres, Community Health Centres, etc. So far as any remedial measures are concerned, the Government of India is taking these measures. We have not come across any such incident that maternity wards are not sufficient in any of the States. We have not come across any such incident. If any such grievance is brought to our notice, we will certainly look into that sympathetically.

श्री अहमद पटेल : **मान्यवर,** मंत्री जी ने अपने उत्तर में यह बताया है कि डिफ्रेंट स्टडीज़ और सर्वेज़ ने यह इंडीकेट किया है कि हेल्थ केयर कॉस्ट बढ़ रही है और उसके साथ-साथ पब्लिक

हेल्थ सिस्टम को भी डीसैन्ट्रलरइज़ करने की बात की है, तो उसी को मद्देनजर रखते हुए मैं यह जानना चाहूंगा कि अपोलो हॉस्पीटल्ज़ ग्रुप जो है, उनका जो नेशनल रूरल हेल्थ केयर मॉडल है जिसके बहुत सारे बैनिफिट्स भी हैं और खास तौर पर लो कॉस्ट ऑफ हेल्थ इंशोरेंस भी है, तो क्या यह पूरे देश में लागू किया जा सकता हैं ?

SHRI A. RAJA : At present, we are having no proposal for medical insurance.

Demand of tobacco growers of Andhra Pradesh

*605. DR.ALLADI P. RAJKUMAR: Will the Minister of COMMERCE AND INDUSTRY be pleased to state:

(a) whether a delegation of tobacco growers of Andhra Pradesh met him on 12th March, 2003 and requested Government to come forward to help the growers who are in a hopeless condition;

(b) if so, the main demands raised by the delegation; and

(c) Government's response to their demands?

THE MINISTER OF COMMERCE AND INDUSTRY (SHRI ARUN JAITLEY) :(a) to(c) A Statement is laid on the Table of the House.

Statement

(a) and (b) Yes, Sir. The main demands of the delegation are as below:

0) Permit the Tobacco Board to undertake market intervention operations during the current marketing season.

00 Creat an exclusive Price Stabilization Fund for FCV tobacco.

(iii) The Tobacco Board must continue to regulate crop production and fix the individual crop quotas. The Peer Review Committee recommendations in this regard should be overlooked.

(iv) Tobacco Board may be given plan assistance of Rs. 54.50 crores during the 10th Plan.

(v) Foreign Direct Investment should be allowed in tobacco sector and foreign merchants should be allowed to participate in the auctions directly to create competition in the market.